

2008 ELECTION CYCLE
CPR - SS 08-01(b)

OFFICE USE
ONLY

**CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS**

Name of Candidate Bennie L. Turner
Address P.O. Box 312; West Point, MS 39773 County Clay
Telephone (Work) (662) 494-6611 (Home) _____ (Fax) (662) 494-4814
Contact Name _____ Email Address blt@bturnerlaw.com
Office Sought State Senator, District 16 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ___ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
___ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
X January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-307 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions	\$ 1,650.00 + \$ 300.00	\$ 1950.00	\$ 1,950.00
Total amount of disbursements	\$ 2,352.00 + \$ 100.00	\$ 2,452.00	\$ 2,452.00
Total amount of cash on hand		\$ 264.67	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Rosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED

FEB 03 2009

Secretary of State
Capitol Office

Hand Delivered.

9307-01

Page -1- of -3-Name of Candidate or Committee Bennie L. TurnerReporting period January 1, 2008 through December 31, 2008**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE PAC		<u>09/08/08</u>	\$ <u>500.00</u>
Mailing Address Post Office Box 39		___/___/___	\$
City, State, Zip Code Olive Branch, MS 38654		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Dental PAC		<u>09/10/08</u>	\$ <u>400.00</u>
Mailing Address 2630 Ridgewood Road, Suite C		___/___/___	\$
City, State, Zip Code Jackson, MS 39216		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Association for Home Care		<u>12/03/08</u>	\$ <u>500.00</u>
Mailing Address P.O. Box 1468		___/___/___	\$
City, State, Zip Code Ridgeland, MS 39158		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name UnitedHealthCare Services, Inc.		<u>12/19/08</u>	\$ <u>250.00</u>
Mailing Address P.O. Box 1459		___/___/___	\$
City, State, Zip Code Minneapolis, MN 55440-1459		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Page -2- of -3-Name of Candidate or Committee Bennie L. TurnerReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name National Alumni, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>01 / 18 / 08</u>	\$ 120.00
City, State, Zip Code West Point, MS 39773	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Tickets	Aggregate Year-to-date	\$ 120.00
B. Full name Andrienne Wooten Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2341	<u>01 / 22 / 08</u>	\$ 200.00
City, State, Zip Code Jackson, MS 39225	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 200.00
C. Full name The Green Leaf Flowers & Gift	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 620 W. Main Street	<u>01 / 25 / 08</u>	\$
City, State, Zip Code West Point, MS 39773	<u>12 / 22 / 08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 321.00
D. Full name Childers for Congress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 177	<u>04 / 18 / 08</u>	\$ 500.00
City, State, Zip Code Booneville, MS 38829	<u>09 / 26 / 08</u>	\$ 250.00
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 750.00
E. Full name Robert Huff Designs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 280595	<u>04 / 21 / 08</u>	\$ 210.00
City, State, Zip Code Memphis, TN 38168	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) State & Personalized Seals	Aggregate Year-to-date	\$ 210.00
F. Full name Clay County Unit NAACP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 33	<u>05 / 01 / 08</u>	\$ 100.00
City, State, Zip Code West Point, MS 39773	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 100.00

Name of Candidate or Committee Bennie L. TurnerReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name Pilgrim Grove M.B. Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 1321	<u>09/17/08</u>	\$ 100.00
City, State, Zip Code West Point, MS 39773	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Full Page Ad	Aggregate Year-to-date	\$ 100.00
B. Full name Northeast Mississippi Daily Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 909	<u>09/29/08</u>	\$ 123.00
City, State, Zip Code Tupelo, MS 38802-0909	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 123.00
C. Full name NE Mississippi Democratic Candidate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 2811	<u>10/02/08</u>	\$ 200.00
City, State, Zip Code Columbus, MS 39704	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 200.00
D. Full name The Commercial Dispatch	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 511	<u>12/22/08</u>	\$ 120.00
City, State, Zip Code Columbus, MS 39703	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 120.00
E. Full name Renasant Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 4140	<u>01/22/08</u>	\$
City, State, Zip Code Tupelo, MS 38803-4140	<u>12/22/08</u>	\$
Purpose of Disbursement (Optional) Bank Service Charge	Aggregate Year-to-date	\$ 108.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$